

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

05

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		90494.34
(b) Cash on Hand at Beginning of Reporting Period	103238.79	
(c) Total Receipts (from Line 19)	68719.00	601976.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	171957.79	692471.08
7. Total Disbursements (from Line 31)	138994.25	659507.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32963.54	32963.54
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	49250.00	438171.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	14469.00	111915.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	63719.00	550086.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	50250.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	68719.00	600336.99
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1639.75
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68719.00	601976.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68719.00	601976.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	101990.34	513515.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	101990.34	513515.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	37003.91	135991.67
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	37003.91	135991.67
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	138994.25	659507.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138994.25	659507.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	68719.00	600336.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68719.00	600336.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	101990.34	513515.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1639.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	101990.34	511876.12

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A
CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACT
RED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent
a letter within 30 days asking for employer-occupation if one was not provided in order to meet best
efforts policy.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Eleanor Berg

Mailing Address 276 Marlborough Street
Apartment 6City State Zip Code
Boston MA 02116-1766FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	6

Transaction ID: 60411.C157867

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Barbara Booth

Mailing Address 7 Paul Revere Rd.

City State Zip Code
Worcester MA 01609FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
At home

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	0	6

Transaction ID: 60410.C157667

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Barbara Booth

Mailing Address 7 Paul Revere Rd.

City State Zip Code
Worcester MA 01609FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
At home

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	0	6

Transaction ID: 60410.C157666

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Theodore Cutler

Mailing Address 33 Commonwealth Ave.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Interface Group

Occupation
Travel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: 60517.C158441

Amount of Each Receipt this Period

10000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George Field

Mailing Address 53 Windsor Road

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Verrill Dana

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: 60517.C158427

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

M. Dozier Gardner

Mailing Address 100 Upland Road

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60517.C158309

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Timothy Jacobs

Mailing Address P.O. Box 1066

City

Framingham

State

MA

Zip Code

01701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 6

Transaction ID: 60412.C157885

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Timothy Jacobs

Mailing Address P.O. Box 1066

City

Framingham

State

MA

Zip Code

01701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 60517.C158385

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stephen Jeffries

Mailing Address 12 Brimmer St.

City

Boston

State

MA

Zip Code

02108-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.B. Jeffries Consultants

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60420.C158066

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Malcolm MacNaught

Mailing Address PO Box 2233

City

Duxbury

State

MA

Zip Code

02331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation

Portfolio Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 60517.C158411

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lisa Matthews

Mailing Address 621 Country Way

City

Scituate

State

MA

Zip Code

02066

FEC ID number of contributing
federal political committee.

C

Name of Employer
North American Management
Corp

Occupation

Financial Advisor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 60410.C157665

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Carl McFadden

Mailing Address 33 Wakefield Street

City

Reading

State

MA

Zip Code

01867

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Trust Mortgage

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60410.C157566

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Donald McInnes

Mailing Address 75 Waterside Ave.

City

Falmouth

State

MA

Zip Code

02540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 60414.C158026

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Andrews McLane

Mailing Address 77 Dean Rd.

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Associates

Occupation

Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60410.C157565

Amount of Each Receipt this Period

10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paul Morgan

Mailing Address 23 Eagles Nest Rd.

City

Duxbury

State

MA

Zip Code

02332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morgan Construction

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 60517.C158220

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Nelson

Mailing Address 2 Avery Street, 36D

City

Boston

State

MA

Zip Code

02111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 60414.C158017

Amount of Each Receipt this Period

10000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Maximus PAC

Mailing Address 11419 Sunset Hills Road

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAC

Occupation
FEC ID: C00343707

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60517.C158311

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Guido Perera

Mailing Address 121 Old Concord Rd.

City

Lincoln

State

MA

Zip Code

01773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 60410.C157674

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Marion Phillips

Mailing Address 20 Longwood Dr
Apt 374

City State Zip Code
Westwood MA 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 60410.C157593

Amount of Each Receipt this Period

400.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Grant Rodkey

Mailing Address 11 Beatrice Circle

City State Zip Code
Belmont MA 02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA Boston Healthcare System

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: 60420.C158128

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gertrude Shelley

Mailing Address 101 Chestnut Street

City State Zip Code
Boston MA 02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 60517.C158387

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Wayne Smith

Mailing Address 40 Popes Lane

City

Hingham

State

MA

Zip Code

02043-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deloitte & ToucheOccupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 60414.C158040

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Speers

Mailing Address 187 Grove St

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Advances, Inc.Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60517.C158351

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Vitaro

Mailing Address 19 Mellors Walk

City

Pembroke

State

MA

Zip Code

02359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60517.C158352

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Sumner Whittier

Mailing Address 9312 Meadow Hill Rd.

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: 60410.C157617

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George Young

Mailing Address 235 Walker St. Apt 252

City

Lenox

State

MA

Zip Code

01240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: 60517.C158396

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Young

Mailing Address 22 Point Road

City

Marion

State

MA

Zip Code

02738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Welch & Forbes

Occupation
Investment Adviser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: 60517.C158426

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

49250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 49

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

St. Paul Travelers PAC

Mailing Address Tim Campbell

One Tower Square, 8MS

City

Hartford

State

CT

Zip Code

06183

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAC: C00376376

Occupation

Federal PAC

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 60517.C158832

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SCM Associates</p> <p>Mailing Address Steve Meyers 1283 Main Street</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement Direct Mailing and Telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60517.E8370 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 6</div> </p> <p>Amount of Each Disbursement this Period <div>13720.98</div> </p> <p>DIRECT MAILING AND TELEMAR- KETING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SCM Associates</p> <p>Mailing Address Steve Meyers 1283 Main Street</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement Direct Mailing and Telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60517.E8422 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 6</div> </p> <p>Amount of Each Disbursement this Period <div>4442.18</div> </p> <p>DIRECT MAILING AND TELEMAR- KETING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AlphaGraphics AlphaGraphics</p> <p>Mailing Address 74 Canal Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Printing-General non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60517.E8365 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 6</div> </p> <p>Amount of Each Disbursement this Period <div>221.06</div> </p> <p>PRINTING-GENERAL NON FEA</p>

SUBTOTAL of Disbursements This Page (optional)

18384.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Affiliated Managers AMG

Mailing Address 600 Hale St.

City
Beverly

State
MA

Zip Code
01965-

Purpose of Disbursement
Administrative Office support- Non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

665.00

ADMINISTRATIVE OFFICE SUPP-
ORT- NON FEA

B.

Full Name (Last, First, Middle Initial)

Artistic Visions Studiogallery

Mailing Address Box 20, Franklins Inn
2016 Sherwood Dr..

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement
Design/production of award trophy

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8388

Date of Disbursement

/ /

Amount of Each Disbursement this Period

425.00

DESIGN/PRODUCTION OF AWARD
TROPHY

C.

Full Name (Last, First, Middle Initial)

Rhonda Avola

Mailing Address 306 Main St. Unit 10

City
Melrose

State
MA

Zip Code
02176-

Purpose of Disbursement
Administrative Office support- Non FEA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8421

Date of Disbursement

/ /

Amount of Each Disbursement this Period

891.00

ADMINISTRATIVE OFFICE SUPP-
ORT- NON FEA

SUBTOTAL of Disbursements This Page (optional)

1981.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Brandon Barber

Mailing Address 106 Kendall Pond Rd.

City
Windham

State
NH

Zip Code
03087-

Purpose of Disbursement
Reimbursement for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8419

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

358.37

REIMBURSEMENT FOR TRAVEL

B.

Full Name (Last, First, Middle Initial)

Blanche & Son Trophies & Awards Inc.

Mailing Address 100 Squire Road

City
Revere

State
MA

Zip Code
02151-

Purpose of Disbursement
Design/production of awards for volunteers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8389

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

2520.00

DESIGN/PRODUCTION OF AWARDS FOR VOLUNTEERS

C.

Full Name (Last, First, Middle Initial)

Boy Genius- Boy Genius Inc.

Mailing Address PO Box 61

City
Pascoag

State
RI

Zip Code
02859-

Purpose of Disbursement
Web Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8366

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

384.25

WEB HOSTING

SUBTOTAL of Disbursements This Page (optional)

3262.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Repro-graphics Cambridge

Mailing Address 21 McGrath Highway

City
Somerville

State
MA

Zip Code
02143-

Purpose of Disbursement
general printing non fea no fed candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8359

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

2283.80

GENERAL PRINTING NON FEA
NO FED CANDIDATE

B.

Full Name (Last, First, Middle Initial)

Repro-graphics Cambridge

Mailing Address 21 McGrath Highway

City
Somerville

State
MA

Zip Code
02143-

Purpose of Disbursement
General printing non Fea no Fed candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8372

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

223.13

GENERAL PRINTING NON FEA
NO FED CANDIDATE

C.

Full Name (Last, First, Middle Initial)

Cambridge Offset Printing

Mailing Address 56 Creighton Street

City
Cambridge

State
MA

Zip Code
02140-

Purpose of Disbursement
General Printing non fea no fed candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8390

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

971.25

GENERAL PRINTING NON FEA
NO FED CANDIDATE

SUBTOTAL of Disbursements This Page (optional)

3478.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City
Boston

State
MA

Zip Code
02127-

Purpose of Disbursement
Storage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8427

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

289.12

STORAGE

B.

Full Name (Last, First, Middle Initial)

Conference Call Conference Call.

Mailing Address 1445 MacArthur Dr.
Suite 214

City
Carrollton

State
TX

Zip Code
75007-

Purpose of Disbursement
Conference Call

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8377

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

1295.28

CONFERENCE CALL

C.

Full Name (Last, First, Middle Initial)

Peter Blute Consulting

Mailing Address 657 South St.

City
Shrewsbury

State
MA

Zip Code
01545-

Purpose of Disbursement
Political issues Consulting Non-FEA no federal candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8374

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

4000.00

POLITICAL ISSUES CONSULTI-
NG NON-FEA NO FEDERAL CANDI-
DATE

SUBTOTAL of Disbursements This Page (optional)

5584.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

CPMA, Inc.

Mailing Address 84 Prescott St.
Suite 21

City State Zip Code
Cambridge MA 02138-

Purpose of Disbursement
Political Consulting non-FEA Political Consulting advice

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8373

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

5000.00

POLITICAL CONSULTING NO-
N-FEA POLITICAL CONSULTING
ADVICE

B.

Full Name (Last, First, Middle Initial)

Paul Craney

Mailing Address 177 Cambridge Ave

City State Zip Code
Fair Haven NJ 07704-

Purpose of Disbursement
Reimbursement- parki8ng trave food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8369

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

54.40

REIMBURSEMENT- PARKI8NG
TRAVLE FOOD

C.

Full Name (Last, First, Middle Initial)

Paul Craney

Mailing Address 177 Cambridge Ave

City State Zip Code
Fair Haven NJ 07704-

Purpose of Disbursement
Reimbursement for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8394

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

103.20

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional)

5157.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Craney

Mailing Address 177 Cambridge Ave

City
Fair Haven

State
NJ

Zip Code
07704-

Purpose of Disbursement
Reimbursement for travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

183.40

REIMBURSEMENT FOR TRAVLE

B.

Full Name (Last, First, Middle Initial)

Darrell Crate

Mailing Address 820 Hale Street

City
Beverly

State
MA

Zip Code
01915-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8367

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1216.85

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Union Club- Boston The Union Club

Mailing Address 8 Park Street

City
Boston

State
MA

Zip Code
02108-

Purpose of Disbursement
D.Crate Reimbursement for meeting food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8446

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1216.85

[MEMO ITEM]

MEMO: D.CRATE REIMBURSEMENT FOR MEETING FOOD

SUBTOTAL of Disbursements This Page (optional)

1400.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City State Zip Code
Brookline MA 02445-

Purpose of Disbursement
Accounting Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8361

Date of Disbursement

/ /

Amount of Each Disbursement this Period

882.75

ACCOUNTING SERVICE

B.

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City State Zip Code
Los Angeles CA 90060-0036

Purpose of Disbursement
Cable Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

144.90

CABLE SERVICE

C.

Full Name (Last, First, Middle Initial)

Double Tree Hotel

Mailing Address 50 Warren St.

City State Zip Code
Lowell MA 01852-

Purpose of Disbursement
CATERING FOR GENERAL PARTY EVENT NON-FEA NO FEDERAL CANDIDATE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60518.E8501

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6800.00

CATERING FOR GENERAL PARTY
EVENT NON-FEA NO FEDERAL
CANDIDATE

SUBTOTAL of Disbursements This Page (optional)

7827.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 60517.E8360 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	6												
City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Shipping Mail Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>97.88</td> </tr> </table>	97.88																			
97.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SHIPPING MAIL																				
B. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 60517.E8392 Date of Disbursement																				
Mailing Address PO Box 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	6												
City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Shipping Mail Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>111.06</td> </tr> </table>	111.06																			
111.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SHIPPING MAIL																				
C. Full Name (Last, First, Middle Initial) Fleet Bank	Transaction ID: 60420.E8338 Date of Disbursement																				
Mailing Address 100 Federal Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	6												
City Boston State MA Zip Code 02110- Purpose of Disbursement Bank Service Charge Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00																			
5.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type BANK SERVICE CHARGE																				

SUBTOTAL of Disbursements This Page (optional)

213.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Fleet Bank	Transaction ID: 60420.E8339 Date of Disbursement																				
Mailing Address 100 Federal Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	6												
City Boston State MA Zip Code 02110-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charge	<table border="1"> <tr> <td>4</td><td>5</td><td>3</td><td>.</td><td>0</td><td>0</td> </tr> </table>	4	5	3	.	0	0														
4	5	3	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
BANK SERVICE CHARGE																					
B. Full Name (Last, First, Middle Initial) Fleet Bank	Transaction ID: 60517.E8464 Date of Disbursement																				
Mailing Address 100 Federal Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	6												
City Boston State MA Zip Code 02110-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charge	<table border="1"> <tr> <td>5</td><td>1</td><td>.</td><td>0</td><td>0</td> </tr> </table>	5	1	.	0	0															
5	1	.	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
BANK SERVICE CHARGE																					
C. Full Name (Last, First, Middle Initial) Garage Government Center	Transaction ID: 60517.E8429 Date of Disbursement																				
Mailing Address 50 New Sudbury Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	6												
City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Parking	<table border="1"> <tr> <td>2</td><td>4</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	4	0	.	0	0														
2	4	0	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PARKING																					

SUBTOTAL of Disbursements This Page (optional)

2904.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8456

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

764.66

INSURANCE

B.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60518.E8500

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

223.07

INSURANCE

C.

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City Wakefield State MA Zip Code 01880-

Purpose of Disbursement
General Administrative Service- non FEA no federal candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60414.E8332

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

GENERAL ADMINISTRATIVE SE-
RVICE- NON FEA NO FEDERAL
CANDIDATE

SUBTOTAL of Disbursements This Page (optional)

1987.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8430

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

8156.22

HEALTH INSURANCE

B. Full Name (Last, First, Middle Initial)
Intranets.Com Intranets.Com

Mailing Address PO Box 414725

City Boston State MA Zip Code 02241-4725

Purpose of Disbursement
Computer Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8362

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

180.00

COMPUTER SERVICE

C. Full Name (Last, First, Middle Initial)
Jason Kauppi

Mailing Address Kauppi Communications
28 State St.

City Boston State MA Zip Code 02109-

Purpose of Disbursement
PR Consulting/ writing services (non-FEA general writing)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8368

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

PR CONSULTING/ WRITING SE-
RVICES (NON-FEA GENERAL
WRITING)

SUBTOTAL of Disbursements This Page (optional)

10336.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lexis-Nexis

Mailing Address PO Box 7247-7090

City
Philadelphia

State
PA

Zip Code
19170-

Purpose of Disbursement
REsearch data

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8379

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

913.00

RESEARCH DATA

B.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City
Boston

State
MA

Zip Code
02110-

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60420.E8337

Date of Disbursement

04 / 01 / 2006

Amount of Each Disbursement this Period

150.00

CREDIT CARD FEE

C.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City
Boston

State
MA

Zip Code
02110-

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60420.E8335

Date of Disbursement

04 / 01 / 2006

Amount of Each Disbursement this Period

805.14

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

1868.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60420.E8336 Date of Disbursement <div>04 / 01 / 2006</div></p> <p>Amount of Each Disbursement this Period <div>25.00</div></p> <p>CREDIT CARD FEE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60517.E8458 Date of Disbursement <div>04 / 03 / 2006</div></p> <p>Amount of Each Disbursement this Period <div>25.00</div></p> <p>CREDIT CARD FEE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60517.E8457 Date of Disbursement <div>04 / 03 / 2006</div></p> <p>Amount of Each Disbursement this Period <div>299.01</div></p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional)

349.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8459

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

15.00

CREDIT CARD FEE

B.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8460

Date of Disbursement

04 / 14 / 2006

Amount of Each Disbursement this Period

25.00

CREDIT CARD FEE

C.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement

Copier rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8378

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

965.60

COPIER RENTAL

SUBTOTAL of Disbursements This Page (optional)

1005.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement
Copier Toner

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8393

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

58.44

COPIER TONER

B. Full Name (Last, First, Middle Initial)
Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8433

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

5523.67

RENT

C. Full Name (Last, First, Middle Initial)
Seacia Pavao

Mailing Address 5 St. Mary Rd. #1

City Cambridge State MA Zip Code 02139-

Purpose of Disbursement
Event photography Non-FEA no federal candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8375

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

200.00

EVENT PHOTOGRAPHY NON-FEA
NO FEDERAL CANDIDATE

SUBTOTAL of Disbursements This Page (optional)

5782.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement

Payroll-Taxes

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 60410.E8312

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

9607.21

PAYROLL-TAXES

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement

Payroll-401 K

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 60410.E8313

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

1480.76

PAYROLL-401 K

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement

Payroll Service

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 60517.E8462

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

167.02

PAYROLL SERVICE

SUBTOTAL of Disbursements This Page (optional)

11254.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 60517.E8463 Date of Disbursement
Mailing Address PO Box 8295	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 6</div> </div>
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Service -401 K	<div>160.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PAYROLL SERVICE -401 K	
B. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 60517.E8355 Date of Disbursement
Mailing Address PO Box 8295	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 0 6</div> </div>
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll-Taxes	<div>9585.79</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PAYROLL-TAXES	
C. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 60517.E8356 Date of Disbursement
Mailing Address PO Box 8295	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 0 6</div> </div>
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll-401 K	<div>1480.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PAYROLL-401 K	

SUBTOTAL of Disbursements This Page (optional)

11226.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION
New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Postage-General use non-fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60414.E8333

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

562.50

POSTAGE-GENERAL USE NON-F-EA

B.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION
New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Postage-General use non-fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60414.E8334

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

1950.00

POSTAGE-GENERAL USE NON-F-EA

C.

Full Name (Last, First, Middle Initial)

Boston Postmaster

Mailing Address JW MCCORMACK STATION
New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Postage-General non Fea no fed candidate

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8420

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

360.00

POSTAGE-GENERAL NON FEA
NO FED CANDIDATE

SUBTOTAL of Disbursements This Page (optional)

2872.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Steven Roche

Mailing Address 4 Leblanc Dr

City
Danvers

State
MA

Zip Code
01923-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8415

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

1038.64

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Laz Parking Ltd.

Mailing Address 101 Merrimac Street

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement
S.Roche Reimbursement for Parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8417

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

MEMO: S.ROCHE REIMBURSEMENT FOR PARKING

C.

Full Name (Last, First, Middle Initial)

Sprint/Nextel

Mailing Address PO Box 17990

City
Denver

State
CO

Zip Code
80217-

Purpose of Disbursement
S.Roche Reimbursement for Cell Phone calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8416

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

285.89

[MEMO ITEM]

MEMO: S.ROCHE REIMBURSEMENT FOR CELL PHONE CALLS

SUBTOTAL of Disbursements This Page (optional)

1038.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Ensieh Sarraami Mailing Address 9214 Inglewood Dr.	Transaction ID: 60517.E8428 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 0 6</div> </div>
City Potomac State MD Zip Code 20854- Purpose of Disbursement Reimbursement for travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>269.60</div> REIMBURSEMENT FOR TRAVLE
B. Full Name (Last, First, Middle Initial) T-Mobile T-Mobile Mailing Address PO Box 790047 City Saint Louis State MO Zip Code 63179- Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 60517.E8371 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>575.53</div> PHONE SERVICE
C. Full Name (Last, First, Middle Initial) The Amaral Group Mailing Address 201 Great Rd. Suite #2 City Acton State MA Zip Code 01720- Purpose of Disbursement Newwork Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 60517.E8376 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 6</div> </div> Amount of Each Disbursement this Period <div>640.00</div> NEWWORK SUPPORT

SUBTOTAL of Disbursements This Page (optional)

1485.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Tra The Red Apple

Mailing Address P.O. Box 1579

City
Gloucester

State
MA

Zip Code
01931-1579

Purpose of Disbursement

Purchase of specialty pens of event Non-FEA no federal candidate

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 60517.E8423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

254.10

PURCHASE OF SPECIALTY PENS
OF EVENT NON-FEA NO FEDER-
AL CANDIDATE

B.

Full Name (Last, First, Middle Initial)

Lisa Murkowski for US Senate

Mailing Address PO Box 100847
Do not mail

City
Anchorage

State
AK

Zip Code
99510-

Purpose of Disbursement

Reimbursement travel/air fare- see report memo

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 60517.E8413

Date of Disbursement

/ /

Amount of Each Disbursement this Period

352.60

REIMBURSEMENT TRAVEL/AIR
FARE- SEE REPORT MEMO

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City
Worcester

State
MA

Zip Code
01654-

Purpose of Disbursement

Phone

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 60517.E8380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

810.47

PHONE

SUBTOTAL of Disbursements This Page (optional)

1417.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Verizon Internet Services	Transaction ID: 60517.E8381 Date of Disbursement																				
Mailing Address PO Box 101096	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	6												
City Atlanta State GA Zip Code 30392-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Internet service Candidate Name	<table border="1"> <tr> <td colspan="10">767.62</td> </tr> </table>	767.62																			
767.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type INTERNET SERVICE																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Matthew Wylie	Transaction ID: 60517.E8448 Date of Disbursement																				
Mailing Address 169 Monsignor OBrien Highway #705	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	6												
City Cambridge State MA Zip Code 02141-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement: See Below Candidate Name	<table border="1"> <tr> <td colspan="10">216.42</td> </tr> </table>	216.42																			
216.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type REIMBURSEMENT: SEE BELOW																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Verizon Verizon Wireless	Transaction ID: 60517.E8449 Date of Disbursement																				
Mailing Address PO Box 5029	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	6												
City Wallingford State CT Zip Code 06492-	Amount of Each Disbursement this Period																				
Purpose of Disbursement M.Wylie reimbursement for Cell phone calls Candidate Name	<table border="1"> <tr> <td colspan="10">158.26</td> </tr> </table>	158.26																			
158.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type [MEMO ITEM] MEMO: M.WYLIE REIMBURSEMENT FOR CELL PHONE CALLS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

984.04

TOTAL This Period (last page this line number only)

101801.69

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Brandon Barber	Transaction ID: 60410.E8298 Date of Disbursement
Mailing Address 106 Kendall Pond Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 6</div> </div>
City Windham State NH Zip Code 03087-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1022.44</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PAYROLL	
B. Full Name (Last, First, Middle Initial) Brandon Barber	Transaction ID: 60517.E8341 Date of Disbursement
Mailing Address 106 Kendall Pond Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 0 / 2 0 0 6</div> </div>
City Windham State NH Zip Code 03087-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1022.44</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PAYROLL	
C. Full Name (Last, First, Middle Initial) Paul Craney	Transaction ID: 60410.E8299 Date of Disbursement
Mailing Address 177 Cambridge Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 6</div> </div>
City Fair Haven State NJ Zip Code 07704-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1080.10</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
PAYROLL	

SUBTOTAL of Disbursements This Page (optional)

3124.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paul Craney	Transaction ID: 60517.E8342 Date of Disbursement																				
Mailing Address 177 Cambridge Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	6												
City Fair Haven State NJ Zip Code 07704- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1080.10</td> </tr> </table>	1080.10																			
1080.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
B. Full Name (Last, First, Middle Initial) Brandon Finn	Transaction ID: 60410.E8300 Date of Disbursement																				
Mailing Address 163 Belmont St. Apt.1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	6												
City Belmont State MA Zip Code 02478- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1016.65</td> </tr> </table>	1016.65																			
1016.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
C. Full Name (Last, First, Middle Initial) Brandon Finn	Transaction ID: 60517.E8343 Date of Disbursement																				
Mailing Address 163 Belmont St. Apt.1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	6												
City Belmont State MA Zip Code 02478- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">1016.65</td> </tr> </table>	1016.65																			
1016.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				

SUBTOTAL of Disbursements This Page (optional)

3113.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 60410.E8301 Date of Disbursement																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	6												
City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>3</td><td>.</td><td>3</td><td>8</td> </tr> </table>	1	0	0	3	.	3	8													
1	0	0	3	.	3	8															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
B. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 60517.E8344 Date of Disbursement																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	0	6												
City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>6</td><td>9</td><td>.</td><td>6</td><td>1</td> </tr> </table>	9	6	9	.	6	1														
9	6	9	.	6	1																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
C. Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 60410.E8302 Date of Disbursement																				
Mailing Address 15 Oak St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	6												
City Chestnut Hill State MA Zip Code 02467- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>8</td><td>9</td><td>1</td><td>.</td><td>7</td><td>3</td> </tr> </table>	8	9	1	.	7	3														
8	9	1	.	7	3																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				

SUBTOTAL of Disbursements This Page (optional)

2864.72

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Samantha Levine

Mailing Address 15 Oak St.

City
Chestnut HillState
MAZip Code
02467-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8345

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	6

Amount of Each Disbursement this Period

891.73

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Ladd Moore

Mailing Address 51 Phillips St. Apt. # 1

City
BostonState
MAZip Code
02114-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60410.E8304

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	6

Amount of Each Disbursement this Period

967.04

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Ladd Moore

Mailing Address 51 Phillips St. Apt. # 1

City
BostonState
MAZip Code
02114-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8346

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	6

Amount of Each Disbursement this Period

967.04

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2825.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Jinara Reyes	Transaction ID: 60410.E8303
	Mailing Address	Date of Disbursement
	66 Greenleaf St. Apt. # 33	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
	City Quincy	Amount of Each Disbursement this Period
	State MA	<input type="text" value="1323.34"/>
	Zip Code 02169-	
	Purpose of Disbursement	<input type="text"/>
	Payroll	Category/ Type
	Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) Jinara Reyes	Transaction ID: 60517.E8347
	Mailing Address	Date of Disbursement
	66 Greenleaf St. Apt. # 33	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
	City Quincy	Amount of Each Disbursement this Period
	State MA	<input type="text" value="1323.34"/>
	Zip Code 02169-	
	Purpose of Disbursement	<input type="text"/>
	Payroll	Category/ Type
	Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) Ruth Rice	Transaction ID: 60410.E8305
	Mailing Address	Date of Disbursement
	30 Fernview Apt 1	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
	City North Andover	Amount of Each Disbursement this Period
	State MA	<input type="text" value="912.81"/>
	Zip Code 01845-	
	Purpose of Disbursement	<input type="text"/>
	Payroll	Category/ Type
	Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)

3559.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Ruth Rice Mailing Address 30 Fernview Apt 1	Transaction ID: 60517.E8348 Date of Disbursement <div> <div>04</div> <div>20</div> <div>2006</div> </div>
City North Andover State MA Zip Code 01845- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>912.81</div> PAYROLL
B. Full Name (Last, First, Middle Initial) Steven Roche Mailing Address 4 Leblanc Dr City Danvers State MA Zip Code 01923- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 60410.E8306 Date of Disbursement <div> <div>04</div> <div>06</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>2735.46</div> PAYROLL
C. Full Name (Last, First, Middle Initial) Steven Roche Mailing Address 4 Leblanc Dr City Danvers State MA Zip Code 01923- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 60517.E8349 Date of Disbursement <div> <div>04</div> <div>20</div> <div>2006</div> </div> Amount of Each Disbursement this Period <div>2735.46</div> PAYROLL

SUBTOTAL of Disbursements This Page (optional)

6383.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City
Wayland

State
MA

Zip Code
01778-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60410.E8307

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1206.39

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Mark Rowe

Mailing Address 216 W. Plain St.

City
Wayland

State
MA

Zip Code
01778-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60517.E8350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1206.39

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Priscilla Ruzzo

Mailing Address 85 Overlook Road

City
Boston

State
MA

Zip Code
02132-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60410.E8308

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1599.22

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4012.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Priscilla Ruzzo

Mailing Address 85 Overlook Road

City
BostonState
MAZip Code
02132-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8351

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

1599.22

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Ensieh Sarrami

Mailing Address 9214 Inglewood Dr.

City
PotomacState
MDZip Code
20854-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60410.E8309

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Amount of Each Disbursement this Period

967.03

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Ensieh Sarrami

Mailing Address 9214 Inglewood Dr.

City
PotomacState
MDZip Code
20854-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8352

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Amount of Each Disbursement this Period

967.03

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3533.28

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 / 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 60410.E8310 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
	Mailing Address 12 Arlington Street	
	City Reading State MA Zip Code 01867-	Amount of Each Disbursement this Period 1231.44
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL
B.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 60517.E8353 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
	Mailing Address 12 Arlington Street	
	City Reading State MA Zip Code 01867-	Amount of Each Disbursement this Period 1231.44
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL
C.	Full Name (Last, First, Middle Initial) Matthew Wylie	Transaction ID: 60410.E8311 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
	Mailing Address 169 Monsignor OBrien Highway #705	
	City Cambridge State MA Zip Code 02141-	Amount of Each Disbursement this Period 2561.81
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5024.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Wylie

Mailing Address 169 Monsignor OBrien Highway
#705

City State Zip Code
Cambridge MA 02141-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60517.E8354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2561.81

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2561.81

TOTAL This Period (last page this line number only)

37003.91